

IRO America Inc.

An Independent Review Organization
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Austin, TX 78726
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DATE OF REVIEW: 12/20/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 12 sessions

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Masters Degree of Physical Therapy
Texas State Physical Therapy License
Orthopaedic Clinical Specialist (OCS)
Certified Manual Physical Therapist (CMPT)
Outpatient Orthopaedic Clinical Practice

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

No ODG Guidelines
TDI Request for Review 11/27/07.
Physician Examination 10/09/07.
Physician Follow/up notes: 10/23/07, 11/27/07.
Radiology Report 11/27/07.
xxxxxx Pre-authorization reports: 09/07/07,
09/26/07, 11/06/07.
PT Notes: 8/23/07, 08/28/07, 8/30/07, 08/29/07, 08/30/07, 08/31/07, 09/07/07,
09/12/07.

TDI Work-related injury claim.
xxxxxxx review: 11/06/07, 11/15/07.

PATIENT CLINICAL HISTORY [SUMMARY]:

Injured Employee fell at work xx/xx/xx sustaining injuries to her left knee, both elbows, both shoulders, back, neck, and head. Employee was evaluated by a physician 10/09/07. Xrays taken 11/27/07 showed no significant pathology other than spurring off the right calcaneus. Physical therapy was initiated 08/23/07 – 09/12/07 X 8 visits. Physical therapy was carried out to address all of the above stated issues and not for either foot pathology.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

PT was initiated xx/xx/xx no subjective reports of foot symptoms were documented until 08/30/07. No PT treatment carried out my Healthcare addressed any issues related to foot pathology. PT was carried out for the multiple other injuries that did not include foot pathology (as described above by the clinical history). ODG guidelines do allow 6 visits over 4 weeks for conservative treatment for plantar fasciitis however the appropriate treatment should be administered. Traditional PT treatment for plantar fasciitis includes: cross friction massage, anti-inflammatory modalities, ROM and strengthening exercises, and soft tissue/joint mobilization. No objective goals were given related to the employee's feet and more appropriate alternate care should be given.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES**
 - **APTA GUIDE TO PHYSICAL THERAPY PRACTICE**